DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: TELLURIAN UCAN ADULT RESIDENTIAL SERVICES (110522)

Address: 300 FEMRITE DR, MONONA, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/05/1997

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093729 End Date: 11/30/2004 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090569 End Date: 06/23/2003 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007807 Served 07/03/2003

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected83.14(1)(c)UNIVERSAL PRECAUTIONS11/30/2004Yes

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Enforcement History

Date: 07/03/2003 SOD #10007807 Appealed: No

Sanctions

OTHER SANCTION FORFEITURE---83.14(1)(c)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.